| AMENDMENT TRANSMITTAL LETTER | | | | | | Docket No. 0879-0369P | |
|--|---|---|-----------------------------------|--------------------|----------|--------------------------|--|
| Application No. | | Filing | · · | Examiner | | Art Unit | |
| 10/046,175-Conf. #002336 | | January 16, 2002 | | R. F. Pitaro | | 2174 | |
| Applicant(s): Yos | hiaki WATANA | ABE | | | | | |
| | T/SERVER SY CATION | STEM AND B | JTTON UPDA | ATING METHOD FOI | R CLIENT | | |
| MS Amendment Commissioner for I P.O. Box 1450 Alexandria, VA 223 Transmitted here | 313-1450 | ndment in the | above-identif | ied application | | | |
| The fee has been | | | | , , | | | |
| | | CLAIM | S AS AMENI | DED | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | | |
| Total Claims | 34 | - 34 = | 0 | x 50.00 | | 0.00 | |
| Independent Claims | 4 | - 5 = | 0 | x 200.00 | | | |
| Multiple Depend | lent Claims (ch | eck if applicabl | e) | | | | |
| Other fee (pleas | o specifyl: | | | | | | |
| Other fee (please specify): | | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | | 0.00 | |
| x Large Entity | | | | Small Entity | | | |
| x No additiona | • | | | | | | |
| · | ge Deposit Acc copy of this she | | | n the amount of \$ | | • | |
| A check in the amount of \$ is enclosed. | | | | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | | | | |
| The Director is hereby authorized to charge and credit Deposit Account No02-2448 as described below. A duplicate copy of this sheet is enclosed. | | | | | | | |
| x Credit any overpayment. | | | | | | | |
| X Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | | | |
| | 10/10 | HENNE. | Molen | Dated: | 24 | 1007 | |
| Marc S. Weiner Attorney Reg. N | • | #52 | .527 | | | | |
| BIRCH, STEW/ 8110 Gatehous Suite 100 East P.O. Box 747 Falls Church, V (703) 205-8000 | e Road irginia 22040- | | _P | | | | |
| | | | | | | | |

Birch, Stewart, Kolasch & Birch, LLP

MSW/CMV/ta